



Hands On
PHYSICAL THERAPY

3898 New Vision Drive, Ste D
Fort Wayne, IN 46845
260-483-1010
www.handson-pt.com

**AUTHORIZATION OF TREATMENT:
PLEASE SIGN ON THE LINE BELOW**

I hereby authorize Hands On Physical Therapy, LLC to render any and all therapy services or related services that the Provider feels are needed and advisable to the patient in cooperation with the physician referral. The patient shall understand fully with all requests to Provider in connection with therapy and all other treatment services.

All information given is true without any forgery to Hands On Physical Therapy, LLC. I understand that this authorizes Provider in connection with the patient’s treatment to any physician or insurance company to disclose information furnished or obtained by Provider.

**PLEASE READ IF THIS APPLIES TO YOU:
AUTO ACCIDENTS AND WORKER’S COMPENSATION**

Hands On Physical Therapy, LLC will not file third party claims. Patient must file through their auto insurance. You must file through your health insurance if medical pay has been exhausted, however if your health insurance does not cover all expenses incurred due to deductible or your health insurance investigates your claims and denies payment you are responsible for balance due. Our office will not do liens. Self-pay options may be available. If patient files through their auto insurance patient must make a claim with insurance agency and have a claim number available in order for claims to be processed.

Worker’s Compensation, a claim must be filed with your employer. Patient must have notified employer. Patient will **not** be seen if patient’s employer has not been notified of claim. If patient believes/knows injury occurred at work and our office files claims with your health insurance, claims may be denied. Patient will be responsible for the account balance.

Patient’s Signature _____ Date _____

Witness Signature _____ Date _____

